
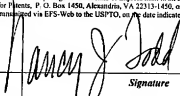
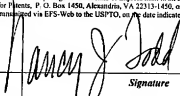
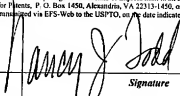


|   |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
|---|-------------------------------------|-------------------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------------|--|---|--|--|-------------------------|---------------------------|--|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>  |                                     |                                     |                                | Docket No.<br><b>P17211-US2</b> |                                 |                                       |  |   |  |  |                         |                           |  |
| Applicant(s): <b>Sven Mattisson</b>   |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| Application No.<br><b>10550241</b>  | Filing Date<br><b>09/23/2005</b>    | Examiner<br><b>James E. Goodley</b> | Customer No.<br><b>27045</b>   | Group Art Unit<br><b>2193</b>   | Confirmation No.<br><b>1739</b> |                                       |  |   |  |  |                         |                           |  |
| Invention: <b>Random Sequence Generator</b>   |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| <b>COMMISSIONER FOR PATENTS:</b>  |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| Transmitted herewith is an amendment in the above-identified application.   |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| The fee has been calculated and is transmitted as shown below.  |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| <b>CLAIMS AS AMENDED</b>  |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
|   | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR         | NUMBER EXTRA<br>CLAIMS PRESENT | RATE                            | ADDITIONAL<br>FEE               |                                       |  |   |  |  |                         |                           |  |
| TOTAL CLAIMS  | 16 -                                | 22 "                                | 0 x                            | \$50.00                         | \$0.00                          |                                       |  |   |  |  |                         |                           |  |
| INDEP. CLAIMS   | 1 -                                 | 3 "                                 | 0 x                            | \$210.00                        | \$0.00                          |                                       |  |   |  |  |                         |                           |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>  |                                     |                                     |                                |                                 | <b>\$0.00</b>                   |                                       |  |   |  |  |                         |                           |  |
| <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 50-1379 in the amount of <b>\$0.00</b></p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1379</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>   |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <br/>           _____<br/> <i>Signature</i> </div> <div style="width: 55%; text-align: right;"> <b>Dated: January 19, 2009</b> </div> </div> <div style="margin-top: 10px;"> <b>Michael Cameron</b><br/> <b>Reg No. 50,298</b><br/> <b>Ericsson Inc.</b><br/> <b>6300 Legacy Drive, M/S EVR 1-C-11</b><br/> <b>Plano, TX 75024</b> </div>  |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-size: small;">Certificate of Mailing or Transmittal</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted, or transmitted via EFS-Web to the USPTO, on the date indicated below.</td> </tr> <tr> <td style="width: 60%; text-align: center;"> <br/>           _____<br/> <i>Signature</i> </td> <td style="width: 40%; text-align: center;"> <b>January 19, 2009</b> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Depositor's Name and Date</td> </tr> </table> |                                     |                                     |                                |                                 |                                 | Certificate of Mailing or Transmittal |  | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted, or transmitted via EFS-Web to the USPTO, on the date indicated below. |  | <br>_____<br><i>Signature</i> | <b>January 19, 2009</b> | Depositor's Name and Date |  |
| Certificate of Mailing or Transmittal   |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
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| <br>_____<br><i>Signature</i>  | <b>January 19, 2009</b>             |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |
| Depositor's Name and Date   |                                     |                                     |                                |                                 |                                 |                                       |  |   |  |  |                         |                           |  |